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Contract Administration
& Monitoring
313 N. Figueroa Street
6th Floor East
Los Angeles, CA 90012

Tel: 213-240-7819
Fax: 213-250-2958

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April 20, 2010

Prospective Proposers:

ADDENDUM NO. 2 TO REQUEST FOR PROPOSALS FOR DENTAL SERVICES AT H. CLAUDE HUDSON COMPREHENSIVE HEALTH CENTER

As indicated in the Request for Proposals (RFP), 1.5 County Rights & Responsibilities, the County has the right to amend the RFP by written addendum. This Addendum No. 2 amends the following RFP paragraphs/sentences as noted below:

1. Sections 1.4.1, 1.4.2, and 1.4.3, Minimum Mandatory Requirements, Page 3 of the RFP, shall be amended to read:

"1.4.1. Proposer must have three (3) full years within the last five (5) years of licensed dental practice in the State of California.

1.4.2. Deleted

1.4.3. Proposer must attend the Mandatory Proposer's Conference and Facility Site Visit (Walkthrough) at HCHCHC. "

2. Section 2.3, RFP Timetable, Page 27 of the RFP, shall be amended to read:

- **Mandatory Proposer's Conference and Walkthrough.....May 10, 2010**
(Location and time same as indicated in RFP, Section 2.7, Page 29.
Attendance must be confirmed by May 6, 2010)
- Proposer's Written Questions Due.....May 13, 2010
- Submission of Application for Exemption to LWP.....May 13, 2010
- Questions and Answers Released (from both conferences).....May 19, 2010
- Proposals Due (by 12:00 p.m. Pacific Time).....May 27, 2010

A second Mandatory Proposer's Conference and Walkthrough has been scheduled due to revised RFP Minimum Requirements. *If you attended the first Mandatory Proposer's Conference and Walkthrough on April 7, 2010, you are not required to attend the second one.*

Sections 2.5, Proposer's Questions; 2.6, Submission of Application for Exemption to Living Wage Program; and 2.7, Mandatory Proposer's Conference & Walkthrough dates are amended as indicated in Number 2, Section 2.3 above.

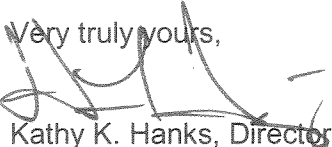
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3. Sample Contract, Appendix D, Required Forms, Exhibit 2,
Prospective Contractor References, amended and attached.

For questions, confirmation of attendance to Mandatory Proposer's Conference and Walkthrough, please contact Armetha Bravo at (213) 240-7721 or e-mail to abravo@dhs.lacounty.gov.

We appreciate your interest in contracting with the County of Los Angeles.

Very truly yours,



Kathy K. Hanks, Director
Contract Administration and Monitoring

Attachment (1)

cc: Maya Lee
Program Office

REQUIRED FORMS - EXHIBIT 2 (Revised)
PROSPECTIVE CONTRACTOR REFERENCES

Contractor's Name: _____

List three (3) references where the same or similar scope of services was provided.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	